

<i>Prevention Needs Assessment</i>	<i>Youth Risk Behavior Survey</i>
Administered by <ul style="list-style-type: none"> • AMDD 	Administered by <ul style="list-style-type: none"> • OPI
Focus: <ul style="list-style-type: none"> • Survey focuses on the four domains: <ul style="list-style-type: none"> ➤ Community ➤ Family ➤ School ➤ Individual/Peer • Designed to assess adolescent substance use, antisocial behavior, and the risk and protective factors that predict these adolescent problem behaviors. • Risk and protective factor model of prevention is based on the simple premise that to prevent a problem from happening, we need to identify factors that increase the risk of the problem developing and find ways to reduce those risks. • Risk factors are characteristics known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, violent behavior among youth, and depression and anxiety. • Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood adolescents will engage in problem behavior(s). 	Focus: <ul style="list-style-type: none"> • Survey focuses individual • Prevalence of health-risk behaviors as self-reported by Montana youth. • Behaviors that result in unintentional and intentional injuries; • Alcohol and drug abuse; • Sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; • Physical inactivity; and • Dietary behaviors
Population: <ul style="list-style-type: none"> • all 8th, 10th and 12th graders in schools that agree to participate • optional for 7th, 9th and 11th graders 	Population: <ul style="list-style-type: none"> • Random sample of 10% of 7th through 12th graders in schools that agree to participate.
<ul style="list-style-type: none"> • Implemented: • 1998 	<ul style="list-style-type: none"> • Implemented: • 1991

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<p>Administered:</p> <ul style="list-style-type: none"> • Spring in even numbered years <p>Participation:</p> <ul style="list-style-type: none"> • Voluntary <p>Survey Based on:</p> <ul style="list-style-type: none"> • Communities That Care <p>Validity:</p> <ul style="list-style-type: none"> • Were you honest in answering • Students indicated they used a non-existent drug • Students indicated past month use rates that were higher than lifetime use • Students reported an age that was inconsistent with grade at their school 	<p>Administered:</p> <ul style="list-style-type: none"> • Spring in odd numbered years <p>Participation:</p> <ul style="list-style-type: none"> • Voluntary <p>Survey Based on:</p> <ul style="list-style-type: none"> • Center for Disease Control (CDC) <p>Validity:</p> <ul style="list-style-type: none"> • The CDC conducts reliability and validity testing on the survey questions. To see full explanation got to: www.cdc.gov and look for methodologies of the Youth Risk Behavior Surveillance System (YRBSS).
<p>◆ The only area of duplication between the PNA and the YRBS is with Alcohol, Tobacco and Other Drugs (ATOD), the questions are slightly different.</p> <p>◆ Agreements/Memorandum of Agreement (MOA) with Office of Public Instruction. The PNA and YRBS are the only 2 surveys supported by OPI and DPHHS.</p>	

➤ Uses

Data from the PNA and YRBS can be used to help school and community planners assess current conditions and prioritize areas of greatest need. The data is also useful for:

1. Grant applications,
2. Evaluations,
3. Monitoring of program implementation
4. Indicators of needed changes
5. Health of the community and kids
6. National reporting for funding (i.e. Block grant, Safe & Drug Free Schools) at the State level